STATE	OF WISCONSIN, CIRCUI	т соц	JRT,		c	OUNTY	For Official Use	
IN THE MATTER OF				☐ Amended				
				Petiti	on for Appoin of Conservato	tment r		
	Date of Birth			Case No.				
IINDE	R OATH, I STATE THAT:						_	
1.	I am unwilling or believe I appoint a conservator.			-			•	
2.	I am an adult resident of _ My post office address is:					nty, State	or vvisconsin.	
3.	The approximate value of r	ny prop	perty is as follows:	:				
	General Description	<u>1</u>	Amounts	<u>s</u>	General Descr	<u>iption</u>	<u>Amounts</u>	
	Cash/Bank Accounts:		\$		Other Liquid Asse	ets:	\$	
	Real estate:		\$		Other Assets:		\$	
	are: ☐ none ☐ ☐ ☐ ☐ See attached B. I am receiving public benefits, including medical assistance, SSI, SSDI or long term community options program benefits: ☐ No ☐ Yes, type and amount:							
	none. as follo						See attached	
	General Description		ounts (monthly)		neral Descriptio		Amounts (monthly)	
	Social security Pension	\$ \$		Other	ent Income	\$ \$		
	I do not do have a phone number: I nominate as conservator			urable po	wer of attorney.	Activate	ed. Name, address and	
	Type of Conservate			ne & Add	ress		Phone	
	Conservator				<u> </u>			
	Standby Conservato	r						
6.	☐ B. Authorize the con §54.20(2), other t	orize a 19, an servate nan to	permanent conser d exercise the pow or of the estate to e make gifts, as follo	vers that of exercise ows:	do not require cou additional powers adividual's funds o	requiring f \$100,00	ral under §54.20(3). court approval under	
							ve bond for the custodia	

Signature of Petitioner

Name Printed or Typed

Address

7. I understand that I will be personally examined by the court at the hearing and that the court will determine the suitability of the nominated conservator or standby conservator.

I REQUEST THAT THE COURT:

4	O . I	to a series of		
1.	Order a	nearing	on this	petition.

2	Make	findings	and	appointments	as	requested	ahove
∠.	iviant	IIIIuiiiu	anu	appointinents	as	TEUUESIEU	abuve.

_	_	_	
3	☐ Waive bond	☐ Set bond as	appropriate

Subscribed and sworn to before me on					
Notary Public/Court Official					
My commission expires:					
Name of Attorney					
Address					
Telephone Number	Bar Number				